

## MSFC CONTRACTOR ACCIDENT AND SAFETY STATISTICS

For: Month/Year \_\_\_\_\_ Report Period: \_\_\_\_\_ Contractor: \_\_\_\_\_  
 Date: \_\_\_\_\_ Supported Directorate: \_\_\_\_\_ NASA Contract No.: \_\_\_\_\_

| GENERAL INFORMATION   | Name                                  | NAICS Code                   | Direct Labor Hours Worked This Month |                              |
|---|---------------------------------------|------------------------------|--------------------------------------|------------------------------|
| Prime Contractor  |                                       |                              |                                      |                              |
| Subcontractor 1   |                                       |                              |                                      |                              |
| Subcontractor 2   |                                       |                              |                                      |                              |
| Subcontractor 3   |                                       |                              |                                      |                              |
| Subcontractor 4   |                                       |                              |                                      |                              |
| Total   |                                       |                              |                                      |                              |
| OCCUPATIONAL INJURIES/ILLNESSES                                     | Onsite                                |                              | Offsite                              |                              |
| Number of Supervisors   |                                       |                              |                                      |                              |
| Number of Employees   |                                       |                              |                                      |                              |
| Manhours worked this month  |                                       |                              |                                      |                              |
| Lost Workday Cases w/days away                                      | Total No. of cases                    | Total No. of Days Away       | Total No. of cases                   | Total No. Of Day Away        |
|   |                                       |                              |                                      |                              |
| Lost Workday Cases w/restricted duty                                | Total No. of cases                    | Total No. of Restricted Days | Total No. of Cases                   | Total No. of Restricted Days |
|   |                                       |                              |                                      |                              |
| Medical Treatment/First Aid Cases (No Lost Workdays)                | Total No. of Medical Treatment Cases  | Total No. of First Aid Cases | Total No. of Medical Treatment Cases | Total No. of First Aid Cases |
|   |                                       |                              |                                      |                              |
| Number of Close Calls reported with potential for personnel injury. |                                       |                              |                                      |                              |
| EQUIPMENT & PROPERTY  | Onsite                                |                              | Offsite                              |                              |
|   | Number                                | Cost \$                      | Number                               | Cost \$                      |
| Type A (>\$1m)  |                                       |                              |                                      |                              |
| Type B (\$250k to \$1m)   |                                       |                              |                                      |                              |
| Type C (\$25k to \$250k)  |                                       |                              |                                      |                              |
| Type D (\$1k to \$25K)  |                                       |                              |                                      |                              |
| Number of Close Calls reported with potential for property damage.  |                                       |                              |                                      |                              |
| Safety, Health and Environmental (SHE) Training                     | Onsite                                |                              | Offsite                              |                              |
|   | Up-to-date with SHE Required Training |                              |                                      |                              |
| Number of Supervisors   |                                       |                              |                                      |                              |
| Number of Employees   |                                       |                              |                                      |                              |

# MSFC CONTRACTOR ACCIDENT AND SAFETY STATISTICS

## Instructions for Completing MSFC Form 4371

### HEADER MATERIAL:

**MONTH & YEAR** - The month and year of this report.

**REPORT PERIOD** - The fiscal year in which this report is included (example - Fiscal year 2009).

**CONTRACTOR** - Name of contractor submitting this report.

**NASA CONTRACT NUMBER** - The NASA contract number of the prime contract for which this data is being prepared.

**SUPPORTED DIRECTORATE** - The MSFC directorate or office for which the goods or services of the contract are being provided (NOT the contracting officer).

**DATE** - Date this reported was prepared.

### GENERAL INFORMATION:

**NAME OF PRIME AND SUBCONTRACTOR 1, 2, ETC.,** - The name of the Prime contractor and each subcontractor shall be listed. List all subcontractors with annual subcontract value of \$500,000 or more for contract year or contribute 20% or more of the direct labor hours on the contract. For subcontracts with annual value less than \$500,000 and which contribute less than 20% of the direct labor hours of this contract and subcontractors that do not work on Prime contractor or NASA controlled property and do not pose a NASA property Lose Risk need not be listed.

**NAICS CODE** - The Industry Group number (according to the North American Industrial Classification System, 1987, Office of Management and Budget) which best describes the work done by the listed prime and subcontractor. This may vary between contractors.

**DIRECT LABOR HOURS WORKED THIS MONTH** - By each listed prime and each subcontractor; enter hours worked by all unlisted contractors in last line.

**OCCUPATIONAL INJURIES/ILLNESSES** - To include complete data, not just that from the contractors listed in GENERAL INFORMATION.

**ONSITE OFFSITE** - These columns refer to data arising from contract activities performed on NASA property off NASA property. Each column contains subcolumns marked Month. MONTH is data for the month being reported.

**NUMBER OF EMPLOYEES** - The number of different employees on payroll who are doing work on this contract. The Government may have required the contract to submit each month a personnel strength report; the contractor may attach a copy of its personnel strength report instead of completing this line.

**MANHOURS WORKED** - Total direct labor hours worked as reported to the Government in financial reports (e.g. MSFC Form 4371 this information is used to calculate INCIDENCE RATES).

**CLOSE CALL** - An event in which there is no injury or only minor injury requiring first aid and/or no equipment/property damage or minor equipment/property damage (less than \$1,000), which possesses a potential to cause a mishap.

**LOST WORKDAY CASES WITH DAYS AWAY (LWDA)** - The number of cases during this report period of fatality or injury resulting in a lost time with days away from work or resulting in both days away from work and restricted workdays. Each injury in a given mishap is considered separate case. "Lost workday case with days away" Includes time away from work in order to recuperate from a work-related injury. In general, this does not include time taken to obtain first aid, medical treatment, or diagnostic evaluations of an injury.

**LOST WORKDAY CASES WITH RESTRICTED DUTY (LWRD)** - The number of cases during this report period of injury resulting in a lost time with restricted workdays. Each Injury in a given mishap is considered a separate case. "Lost workday case with restricted work days" occurs when the employee is physically or mentally unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift. In general, this does not include time taken to obtain first aid, medical treatment, or diagnostic evaluations of an Injury.

**MEDICAL TREATMENT CASES** - The number of cases during this report period. (No Lost Workdays) - NASA follows OSHA guidelines for defining medical treatment. Please refer to "Record-keeping Guidelines for Occupational Injuries and Illnesses," U.S. Department of Labor; or NPD 8621.1, "Mishap Reporting and Investigation Policy."

**FIRST AID CASES** - The number of cases during this report period. Self-explanatory.

**TOTAL DAYS AWAY** - Total days absent from work to recover from an injury. Does not include day of injury or restricted duty workdays.

**TOTAL RESTRICTED WORKDAYS** - Total days an employee was unable to perform all or any part of his or her "normal" assignments, total days an employee was assigned to a temporary assignment, or total days the employee was unable to work full-time due to the injury or illness. (Each partial day of work is counted as one day of restricted activity.)

**EQUIPMENT AND PROPERTY DATA** - To include quantity and cost of losses of NASA property or facilities (including repair) for year to date.

**REQUIRED SAFETY, HEALTH AND ENVIRONMENTAL (SHE) TRAINING** - The required SHE training for each employee is identified by completing the "SHE Training Assessment" located on the Supervisor Safety Web Page (SSWP). Employees are up-to-date if they have completed all SHE training identified at the required frequency.

Attach additional sheets if necessary.

For all questions, Please refer to OSHA record-keeping guidelines for further guidance or contact:  
**MSFC, Safety and Mission Assurance Office (544-0046)**